



Federal Aviation Administration

REQUEST FOR QUOTATIONS

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(THIS IS NOT AN ORDER.)

REQUEST # 09-55723

DATE ISSUED

8/24/2009

ISSUED BY: FEDERAL AVIATION ADMINISTRATION
P.O BOX 25082 ATTN: AMQ-230
OKLAHOMA CITY OK 73125



SPECIFY DELIVERY (LEAD) TIME:

DELIVERY:

☐ FOB DESTINATION

☐ OTHER (Please specify FOB Point)

FOB:

FOR INFORMATION CALL:
PH/405-954-4137

Monica Rudolph
FAX/405-954-3030

Email: monica.rudolph@faa.gov



Estimated freight chg \$

Company Name
Address

DESTINATION:

Operating Stock OKC, OK 73169

City, State, Zip

NOTE: A negative response is requested if unable to quote

☐ THE FOLLOWING ITEM(S) ARE AVAILABLE ON GSA OR OTHER FEDERAL SUPPLY SCHEDULE. CONTRACT # _____

PLEASE FURNISH QUOTATION ON OR
BEFORE CLOSE OF BUSINESS:

9/4/2009

BUSINESS CLASSIFICATION:

☐ SMALL

☐ OTHER THAN SMALL

☐ DISADVANTAGED

☐ WOMEN-OWNED

To comply with reporting requirements of 26 u.s.c. 6041, 6041A and implementing regulations issued by the Internal Revenue Service, your Taxpayer Identification Number is required.

TIN:

PLEASE QUOTE FOB DESTINATION. YOUR PRICE SHOULD INCLUDE SHIPMENT TO THE DESTINATION SPECIFIED ABOVE. IF
QUOTING OTHER THAN FOB DEST, PLEASE SPECIFY.

DISCOUNT FOR PROMPT PAYMENT →

10 DAYS	%	20 DAYS	%	30 DAYS	%	DAYS	%
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ITEM #	SUPPLIES / SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	DESC. MC, SPECIAL NSN: 5962-01-304-5067 MFR: NORTHROP GRUMMAN SYSTEMS CORP P/N: 583R154H73	4	Ea		

ALL MATERIAL MUST BE PACKAGED AND MARKED QUP: 1 PER CONTAINER IN ACCORDANCE WITH CLAUSE 61. IF THERE ARE ADDITIONAL CHARGES FOR THIS PACKAGING, PLEASE INDICATE CHARGES.

IN COMPLIANCE WITH ELEMENT 4.6 OF ISO9001 CERTIFICATION, THE FAA LOGISTIC CENTER REQUIREMENTS WILL BE AWARDED TO ISO9000 CERTIFIED OR COMPLIANT CONTRACTORS. SEE ATTACHMENT FOR DETAILS. THE ATTACHMENT REQUIRES CONTRACTOR CERTIFICATION, IF CERTIFICATION IS NOT COMPLETED, THE OFFERER WILL BE EVALUATED AS NON-COMPLIANT / NON-CERTIFIED.

ISO 9000 CERTIFICATION: ☐ CERT ☐ COMPLIANT ☐ N/A

NAME AND ADDRESS OF QUOTER

SIGNATURE OF PERSON AUTHORIZED
TO SIGN QUOTATION

DATE

NAME AND TITLE OF SIGNER

TELEPHONE #